

PART B - FEE(S) TRANSMITTAL

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32566 7590 08/14/2008

PATENT LAW GROUP LLP
 2635 NORTH FIRST STREET
 SUITE 223
 SAN JOSE, CA 95134

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/829,140 04/21/2004 Regina B. Mueller-Mach LUM-03-01-02 5367

TITLE OF INVENTION: PHOSPHOR FOR PHOSPHOR-CONVERTED SEMICONDUCTOR LIGHT EMITTING DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional NO ~~\$1440~~ \$1,510 \$300 \$0 ~~\$1740~~ 11/14/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
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WILLIAMS, JOSEPH L 2889 445-023000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Patent Law Group LLP

2 Rachel V. Leiterman

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Philips Lumileds Lighting Company, LLC

San Jose, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies None

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☐ A check is enclosed.

☒ Payment by credit card. ~~XXXX XXXX XXXX XXXX~~

☒ The Director is hereby authorized to charge ~~XXXX XXXX XXXX XXXX~~ any deficiency, or credit any overpayment, to Deposit Account Number 502226 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Rachel V. Leiterman/

Date 2008-11-05

Typed or printed name Rachel V. Leiterman

Registration No. 46868

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